

SUBJECT: Changing school mental health training and curriculum requirements

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — S. Thompson, Wray, Allison, Coleman, Frank, Lucio, Ortega,
Price, Sheffield

1 nay — Zedler

1 absent — Guerra

WITNESSES: For — Jeff Miller, Disability Rights Texas; Brenda Koegler, League of Women Voters of Texas; Alissa Sughrue, National Alliance on Mental Illness (NAMI) Texas; Josette Saxton, Texans Care for Children; Nancy Miloy Clemmer, Texas Counseling Association; Merily Keller, Texas Suicide Prevention Council; Jennifer Lucy, TexProtects; Kyle Piccola, The Arc of Texas; Austin Hawk; Coral Zayas; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Colby Nichols, Austin ISD, Texas Association of Community Schools, Texas Association of School Administrators; Bill Kelly, City of Houston Mayor's Office; Chris Masey, Coalition of Texans with Disabilities; Priscilla Camacho, Dallas Regional Chamber; Claire Bocchini, Erica Ding, Melinda Soeung, and Alyssa Thomason, Doctors for Change; Adam Jones, Early Matters Dallas, iteachTexas, The Commit Partnership, The Flippen Group; Jolene Sanders, Easter Seals Central Texas; Eric Woomer, Federation of Texas Psychiatry; Lindsay Lanagan, Legacy Community Health; Annalee Gulley, Mental Health America of Greater Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas; Lindsay Sobel, Teach Plus Texas; Brett Merfish, Texas Appleseed; Kathryn Freeman, Texas Baptist Christian Life Commission; Lee Johnson, Texas Council of Community Centers; Nora Belcher, Texas E-Health Alliance; Andrew Cates, Texas Nurses Association; Nancy Walker, Texas Occupational Therapy Association; Carol Grothues, Texas Psychological Association; Darren Grissom, Texas PTA; Dee Carney, Texas School Alliance; Jan Friese,

Texas School Counselor Association; Rebecca Harkleroad, Texas School Nurses Organization; Nataly Saucedo, United Ways of Texas; Knox Kimberly, Upbring; and 27 individuals)

Against — Lee Spiller, Citizens Commission on Human Rights; Alice Linahan, Women On the Wall; Jerome Young; (*Registered, but did not testify*: Faith Bussey, Family Rights Advocacy; and 15 individuals)

On — Tiffany Williams, Coalition of Texans with Disabilities; Robert Van Boven; (*Registered, but did not testify*: Lillian Nguyen, Health and Human Services Commission; Shannon Hoffman, The Hogg Foundation for Mental Health)

BACKGROUND: Education Code sec. 5.001 defines a "mental health condition" as an illness, disease, or disorder, other than epilepsy, dementia, substance abuse, or intellectual disability, that substantially impairs a person's thought, perception of reality, emotional process, or judgment, or grossly impairs behavior as demonstrated by recent disturbed behavior.

DIGEST: CSHB 18 would amend mental health and substance use training, curriculum, and continuing education requirements for certain schools.

Definitions. CSHB 18 would amend the definition of "mental health condition" to mean a persistent or recurrent pattern of thoughts, feelings, or behaviors that constitutes a mental illness, disease, or disorder, other than or in addition to epilepsy, substance abuse, or an intellectual disability, or that impairs a person's social, emotional, or educational functioning and increases the risk of developing certain conditions. It also would define "substance abuse" as a patterned use of a substance, including a controlled substance, and alcohol, in which the person consumes the substance in amounts or with methods that are harmful to the person's self or to others.

Continuing education requirements. CSHB 18 would change continuing education requirements for classroom teachers, principals, and counselors by mandating that instruction regarding mental health

conditions be among the continuing education requirements and specifying that students with mental health conditions or who engage in substance abuse were among the diverse students populations about whom instruction in continuing education was required.

Training. The bill would require the staff development training for educators to include training on:

- suicide prevention;
- recognizing signs of mental health conditions and substance abuse;
- strategies for establishing and maintaining positive relationship among students;
- how grief and trauma affect student learning and behavior, and how certain strategies support the academic success of students affected by grief and trauma; and
- preventing and reporting incidents of bullying.

The training would have to use a best practice-based program recommended by the Health and Human Services Commission (HHSC).

Counseling program. The bill would require a school counselor to work in collaboration with certain individuals to plan, implement, and evaluate a comprehensive school counseling program that conforms to the most recent edition of the Texas Model for Comprehensive School Counseling Programs developed by the Texas Counseling Association.

Curriculum. The bill would require the health curriculum for K-12 students to include instruction on mental health, substance abuse, emotional management skills, maintaining positive relationships, and responsible decision-making.

Texas Education Agency duties. The bill would require the Texas Education Agency (TEA), in coordination with HHSC, to develop guidelines for school districts regarding partnering with certain entities to increase student access to mental health services and obtaining mental health services through Medicaid.

Transferring responsibilities. The bill would transfer the responsibility of providing an annual list of recommended programs and practices for early mental health intervention, substance abuse and suicide prevention, and grief- and trauma-informed practices, among other areas, from the Department of State Health Services (DSHS) to TEA in coordination with HHSC. The bill also would require school districts to develop practices and procedures for these areas.

Authorizations. The bill would allow open-enrollment charter schools to establish school-based health centers. Centers could include treatment for mental health conditions and substance abuse in their available services for students.

The bill would allow school districts to employ or contract with one or more nonphysician mental health professionals. The bill would define "nonphysician mental health professional" as a licensed psychologist, professional counselor, clinical social worker, or marriage and family therapist, or a registered nurse with an advanced degree in psychiatric nursing.

Website information. The bill would require a school district to publish in the student handbook and post on its website a statement of its adopted policies and procedures to promote the physical and mental health of students, available resources, and whether each campus has a full-time nurse or school counselor. The bill would require HHSC and TEA to make available on their websites information about the mental health first aid training program.

Report. CSHB 18 would require the local mental health authorities (LMHA) and DSHS to include additional information in their annual reports regarding mental health first aid training provided to certain school personnel.

Implementation. CSHB 18 would require the State Board for Educator Certification to propose rules by May 1, 2020, to comply with the bill's

requirements. TEA, in cooperation with HHSC, would have to develop guidelines for providing access to mental health services by that date.

By August 1, 2020, TEA, in coordination with HHSC and regional education service centers, would have to provide a list of recommended best practice-based programs for mental health, substance abuse, and suicide prevention.

CSHB 18 would apply to LMHA and DSHS reports due after December 31, 2019, and March 1, 2020, respectively.

The bill would apply to a school district or an open-enrollment charter school beginning with the 2020-21 school year.

The bill would take effect December 1, 2019.

**SUPPORTERS
SAY:**

CSHB 18 would increase awareness of mental health among public school students and educators, reduce the stigma of mental health issues, and provide more resources on mental health and substance abuse for educators. Enhancing teachers' training on mental health would help teachers better identify students' trauma and address behavioral and mental health issues. The bill is necessary to give teachers the resources they need to prevent behavioral and mental health issues from interfering with a student's academic performance.

Reducing stigma surrounding mental health encourages students to identify issues and seek help. CSHB 18 would improve the identification of and early intervention for students' mental health and substance use issues, including by allowing schools to employ or contract with nonphysician mental health professionals. By improving students' access to needed mental health and substance abuse care, the bill would improve a student's chances of graduating from high school and seeking employment and could decrease their dependence on state programs later in life.

OPPONENTS

CSHB 18 would expand mental health training for school personnel, even

SAY: though parents and the community could be better equipped than schools to address children's mental health and substance use issues. Schools increasingly are focusing on students' behavioral health rather than their academic performance, which could have undesirable consequences.

The bill also could lead to a conflict of interest by allowing school districts to hire nonphysician mental health professionals. These professionals could work at a for-profit entity or standalone clinic, which might incentivize the professionals to recommend certain treatment for students.